

CALIFORNIANS ON THE ITALIAN
FRONT—HISTORICAL.*

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Through the generous gift of \$100,000 by Mrs. Diebert of New Orleans a hospital unit was organized in the United States known as the Loyola Unit, afterwards accepted by the U. S. A. as Base Hospital No. 102. The selection and organization of the nursing corps were delegated to the Sisters of Charity who were peculiarly fitted for this duty by reason of their management of many hospitals and training schools throughout the United States.

From California were selected fourteen nurses, Misses Bessalo, Brazee, Cornette, Kolmar, Pibel, Ringsmith, Sherbok, graduates of St. Vincent's Training School at Los Angeles, Julia Frabucco of L. A. County Hospital, Misses Brunoni, Stradling, Mulvaney and Clark of Trinity Hospital, San Francisco, Miss Esola of Roosevelt Hospital, Berkeley, Miss Ferriera of St. Mary's Hospital, San Francisco, Misses McCort and Corti from Bakersfield. Besides the writer, one other officer, Lieut. Wildman of Placerville, was from California.

Base Hospital No. 102 was assembled at Camp Baureguard in the first part of July, 1919, under the command of Lieutenant Colonel Erskine Hume. After a brief training the unit was moved to Baltimore where it was joined by the nursing corps and sailed on the S. S. Umbria, an Italian ship, from Baltimore on August 4, and after a prolonged voyage of three weeks disembarked at Genoa.

An interesting episode en route occurred on the second day out, in which fifteen men in a lifeboat were rescued from the U. S. S. Jennings, which had been torpedoed and sunk eighteen hours previously by a German submarine.

It is interesting to note that the S. S. Umbria carrying over 100 American women went through the danger zone, which at that time was very active, without a convoy. The sanitary conditions of the boat were poor, plumbing broken down, refrigerator plant out of commission, inadequate ventilation, compelling most of the nurses to sleep on deck, but in spite of all this no serious illness developed during the voyage.

Being the second American troops and the first hospital section to arrive in Italy, the populace of Genoa turned out en masse to extend their welcome. I had the opportunity of visiting the Ospidale Militare in charge of Professor Capurro, Chief Surgeon. He was operating with very few instruments most of which were obsolete and worn out. However, he spoke with glowing terms of the American rubber gloves of which he had just received a consignment. His work was first class and his operating technique excellent, and a very profitable morning was spent in his company.

I did not know until after my return to New York City that the American gloves and the

few new instruments which he had, were directly due to the generosity of a former San Francisco surgeon, Dr. De Vecchi. Soon after the beginning of our participation in the war, Dr. De Vecchi was anxious as an American citizen, to do something for his former countrymen, and finally devised the following excellent plan. He purchased in New York a large number of the surgical instruments most commonly used in the average operation. These he segregated into different packages, and together with a generous supply of rubber gloves, ligatures, and other operative paraphernalia, wrapped them in waterproof packages and sent at his own expense, to the various leading surgeons of the Italian army to be used as they saw fit. It was from this valuable contribution that Professor Capurro had received his stock of American gloves.

Hospital No. 102 moved and established its base at Vicenza, September 7. Vicenza at that time was a center for about 50,000 Italian, and a like number of allied troops. It was in the Zona de Guerre and air raids were no uncommon occurrence. It was about 20 miles from Mt. Grappa, which was the key at that time of the Italian front.

The leading military hospital at Vicenza was known as the Ospidale de Tappa, which accommodated 2000 patients ordinarily, and double that amount during a rush. Our arrangements with the Italian authorities were such that we received the Italian wounded as well as American, and practically all through the year the proportion of Americans to Italians was about 1 to 4. All the wounded from the front were distributed to the various hospitals in Vicenza directly from the Station Yards or from the Ospidale de Tappa.

There were many hospitals in Vicenza, and on odd occasions we had some opportunity of visiting them and observing their methods. As is well known, Italy is the home of the hernia operation and Bassini, the father of hernia operations, lived only some 20 miles away at Padova. He is now rather elderly and only operates on special occasions. Several appointments were made to see him, but on account of other activities we were unable to make connections. However, several of his associates and assistants were in Vicenza and we all had an opportunity of seeing their methods.

The Bassini followers still use silk to sew the conioint tendon, and the true Bassini operation as I found in Italy, consists of the incision and stitching of the transversalis fascia with the conjoint tendon to Poupart's ligament. The hernia operation is one operation to which the Italian people will submit, and many soldiers were glad to avail themselves of the opportunity to get away from the front line for a brief rest while in the hospital having their hernias repaired. There were two surgeons at the Ospidale de Tappa operating there who were at times, during lulls, constantly busy repairing hernias. These men used catgut, cotton gloves over rubber to facilitate separating the sac from the cord, a very superficial incision which facilitated the

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tearing of the superficial fascia obviating the necessity of ligating the superficial veins, and in closing used a running buried stitch returning on the superficial fascia, followed by skin clips and always a double spica.

Professor Marro of Turin was the chief surgeon of another hospital in Vicenza. He used silk, did not cut through the external ring but through the external oblique about one-half inch above the ring. This gave him a strip of fascia to act as a tractor in disclosing the shelving portion of Poupart's ligament, and obviating the necessity of forceps to pull it in position while introducing the stitches from the conjoint tendon.

The first patients received in our hospital were flu, and the last patients to leave were flu. The first surgical cases with which we had to deal were mustard gas. The story of this batch of gas patients is rather romantic.

On a sector close by, the Italians and the Austrians had been fraternizing, and finally having annoyed each other while bringing up the mess, they decided by mutual agreement that no firing be conducted during this time. Both Italians and Austrians enjoyed a siesta after eating, especially at noon. Consequently an agreement was made not to fire during the rest hour after lunch. The Italian commander got wind of this little situation and decided that his men were becoming too friendly with the Austrians. So he pulled them out and sent in a regiment of British, who always believed in keeping their guns busy. Next day they pounded at the Austrians all day long, and it made the latter mad to think that the Italians had gone back on them, and so they gassed the entire line for miles on each side. Consequently the hospitals in that vicinity were soon filled up with gas patients. The ones we received were chiefly mustard gas cases, the characteristic features of which are too well known to be enumerated.

At the latter part of October the last offense started, and the real wounded began to arrive in large numbers. We then acted as an evacuation hospital, and it was impossible to keep the patients long, having only sufficient time to observe them for a few days.

The American troops in Italy did not play an extensive part in the offense. They had been destined first to be used in camouflage play. The Italian commander in charge had them camp about one-half day's march from the Piave, and after a few days' rest marched them to the river on three different parallel roads carrying full equipment, and separating the different companies as far as possible. That night they returned to their base. The following day this maneuver was repeated, only wearing a different type of head gear, and marched again back to their base after dark. This maneuver was again repeated, and during the time this was going on, the aeroplanes were busy dropping propaganda on the Austrian lines telling them to watch the Americans. This was so successful that it even confused the Italian troops. Those 4000 odd Ameri-

cans were multiplied to 100,000 in the imagination of the Italians and 500,000 in that of the Austrians.

American operating teams from Base 102 were sent to the front. In company with a lieutenant, I was sent on detached service to the Italian Army, and was sent to Cordigiana to take over a field hospital. I arrived there at 10 o'clock at night. The hospital was filled with Austrians, which had been abandoned, the hospital corps had retreated three days before, and at least two days before the Austrian troops, leaving a wounded Hungarian surgeon to look after the patients. On account of his wound, he had been unable to do very much, and the place was in rather a chaotic condition.

At 3 o'clock in the morning, the lieutenant and myself were awakened by the arrival of the wounded which continued in a constant stream from that time on until November 5. The exact numbers that came, and where they went, we did not know. They came in the front door, were placed on the table, an examination was made, what was necessary to be done was performed, and the patient went out the back door, and the ambulance moved them farther on back.

The equipment was very meager, no gloves, few instruments and lots of pus cases. I telegraphed for a field outfit back to the Piave by courier. They received this telegram about two weeks later, at which time we had practically closed the hospital. The Austrians had, however, left a large supply of paper, cotton, splints, alcohol, excelsior for splint padding, and something that had not been obtainable before, novocain.

When the armistice was signed, of course the stream of the wounded greatly slackened, but as the civilian population returned, they kept us busy repairing the children whose curiosity in picking up bombs which were thickly scattered around the country resulted in many accidents.

The Austrian prisoners came by in thousands, a most dejected and despairing bunch.

An Italian doctor had charge of the medical side, as the flu was with us, with myself in charge of the surgical.

A rather delicate subject arose concerning the Hungarian doctor at meal times. Finally the Italian doctor asked me if I had any objection to eating with the Hungarian. I told him I thought I could stand it if he could, and would be very glad to have him. He was a doctor entitled to the courtesies of other doctors. So the Italian Chief extended the courtesy of the mess which was rather scanty to the Hungarian doctor, and an incongruous crowd assembled at the first meal. The Hungarian could not talk Italian, and spoke only German and Hungarian, the Italians could not talk Hungarian, and I could talk neither Italian nor Hungarian.

Later on it was necessary to move up with the Army to the Austrian line. We evacuated our hospital and moved up near the Austrian border. At this point it might be wise to remind the Americans that the Italian devastated dis-

trict is almost as large as that of the French. The civilian population suffered greatly.

I returned to the Base about the 24th of November, in time to assist in taking care of the flood tide of the wounded which was well back by this time. Later on, I visited the various hospitals and universities of Italy, probably the most interesting of which was a day spent at the University of Bologna. In the lecture hall of this university is a marble tablet on which is inscribed the names of the demonstrators of anatomy in chronological order. The first one was posted in 1131 A. D. Many familiar names were noted as Bartholamo, Versalio, Malpighi, Valsalva, Manzolina (man and wife) and Calore.

In the museum a great many of the original dissections are copied in wax. The wax figures of Valsalva depicting dissections on the heart, eyes, foetus within the membranes filled with fluid, the entire circulatory system in different colors, veins, lymphatics, arteries, etc., a skeleton of an embryo 45 days old, and complete studies of embryology in wax. Original dissections of Malpighi's and Manzolina are still preserved, but the wax anatomical studies molded by these skillful artists leave a memorable impression upon one's mind.

Also at Bologna is situated the Instituto Ortopedico Rizzolo under the charge, at present, of Professor Putti, the famous orthopedist. It was here that I first saw the cinamatic formation of stumps whereby when amputations are performed, tunnels of skin are created under the skin and tendon groups, for the attachment of rings from which cords are extended to the artificial limbs giving great facility of movement especially of the wrist and fingers.

The most complete work in this nature was later on seen at the Hospidale Militare at Verona where a department of this special branch of surgery was conducted by Captain Pieri. At Ridoletto on Lake Como, I visited the neurological hospital conducted by a former Angeleno, Dr. Alex. Jardini. To this hospital were sent all the wounded suffering from neurotic contractions following wounds. Their method of treating these patients was very successful and exceedingly interesting. All the patients upon admission were carefully examined, especially electrically, to determine whether or not the contractions were functional or pathological. The latter were rejected for treatment. The neurotic contractions of which there are varieties simulating all known pathological contractions were upon admission, placed in a room by themselves under lock and key. All tobacco and wine were withdrawn, the intimation given at the same time, that as soon as they had recovered, these luxuries would be restored. The patient was instructed to massage the contraction himself. No medicine or appliance of any kind were used. Psychological impressions, of which those coming from the cured patients were the best. Most of the cases were sufficiently well in two weeks

to be removed from their restriction, when they were allowed to go to the common dining-room, with the wine and tobacco restored. The latter part of the treatment consisted of instructions and gentle exercises in the form of garden work. The results were marvelous.

March 1, 1919, found our work in Italy practically completed. The monotony of waiting for sailing orders was relieved by being sent to Dalmatia on a sanitary commission.

Returning by way of Rome, I visited Bastionelli's Clinic at the Polyclinico, and received a warm welcome. This wonderful surgeon is well known in the United States, having visited here on several occasions, and the Americans are always received by him with the greatest of courtesy.

During the time of our duty in Italy, one could not help but be impressed by the courteous manner in which we were received at all times by the Italian physicians and surgeons. The scientific world owes them a great debt of gratitude, for unless one has been on the ground, he cannot realize the hardships and privations which they underwent after the great retreat in which they lost 500,000 beds.

These wonderful men continued their work laboring under the lack of proper food and materials, administering and relieving the suffering of their army without a murmur of complaint.

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END RESULTS OF RADICAL AND CONSERVATIVE PELVIC SURGERY*

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For many years, gynecologists have been keenly interested in two problems, namely, the proper treatment of chronic pelvic inflammatory disease in women during the child bearing age, and the conservation or removal of ovaries with hysterectomy.

The material for this study has been furnished by the records of the Woman's Clinic of the University of California Hospital and consists of 446 cases. In order to obtain a clear and accurate impression as to the postoperative results and sequelae in any compilation, it is very essential that a report be obtained of consecutive cases of the series. With this object in mind, by means of a follow up system, we have been able to make detailed observations over a period ranging from six months to four years after operation. One month after discharge from the Hospital, the patient is told to report to the clinic for an examination and her condition is recorded. Two months later a similar report is obtained and the observations are continued at intervals for one year. If at the end of that time, the woman's condition is satisfactory, she is asked to return every three to four months. Should the patient fail to report to the dispensary one month after operation, she is notified by mail to do so and is

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